

ABRASIONS / LACERATION/ PUNCTURE

Subjective Data:

Allergies: _____

Was the inmate engaging in self-harm or if the inmate is suspected of self-harm: Stop – Refer to Self-Harm/Self-Injury/Self-Mutilation MSRM 140117.01.14.11 nursing protocol.

Chief complaint: _____

Associated Symptoms:

☐ Active bleeding ☐ Numbness ☐ Pain Pain Scale: (0-10) _____

Objective Data: (clinically indicated VS)

BP _____ Pulse _____ Resp. _____ Temp. _____ Wt. _____ O2 Sats: _____ FSBS: _____

Size and location of injury: _____

Character of wound:	<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty	<input type="checkbox"/> Gapping	<input type="checkbox"/> Redness/ Swelling
	<input type="checkbox"/> Crusted	<input type="checkbox"/> Dry	<input type="checkbox"/> Weeping	<input type="checkbox"/> Imbedded or foreign material present

Drainage: ☐ Yes ☐ No If "Yes" describe _____

CONTACT HEALTH CARE PROVIDER IMMEDIATELY IF: *Health care provider must be called if not on site or if after clinic hours.*

- ☐ Wound is severe /deep / requires sutures
- ☐ Laceration to the face, ear, nose, eyelid or over joint
- ☐ Bleeding is uncontrolled
- ☐ Signs of infection present (redness, tenderness, exudate, etc.)
- ☐ Laceration to the abdomen or chest that may penetrate underlying organs

REFER TO HEALTH CARE PROVIDER IF: *If during clinic hours the health care provider is to be called if not on site. If after clinic hours the health care provider is to be called the next working day.*

- ☐ Daily dressing changes are indicated
- ☐ Wound edges do not approximate easily with Steri – Strips
- ☐ Wound not responding to nursing intervention
- ☐ Wound has imbedded debris not easily irrigated out
- ☐ Last Tetanus/ Diphtheria injection more than 5 years

Health Care Provider: _____ **Time Notified:** _____ **Orders Received for Treatment:** ☐ Yes ☐ No

If physical exam is negative for any of the above s/s and/or there is no need for additional medication/treatment, proceed with nursing interventions.

Plan: Interventions: (check all that apply)

- ☐ Check in assessment only for health care providers visit.
- ☐ Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.
- ☐ Stop bleeding with pressure.
- ☐ Wash well with antiseptic soap, sterile water or sterile normal saline, remove all ingrained dirt.
- ☐ Apply telfa pad, clean dry dressing or butterfly dressing or Steri – Strips.
- ☐ Arrange for dressing change, wound check and suture removal.
- ☐ "Polysporin" ointment two times a day for 10 days PRN and dressing, if wound location subject to irritation or dirt.
- ☐ Acetaminophen 325 mg - 2 tablets p.o. three times a day for 4 days PRN.
- OR**
- ☐ Ibuprofen 200 mg – 2 tablets p.o. three times a day for 4 days PRN.
- ☐ Education/Intervention: Instructed to keep wound clean and dry, signs and symptoms of infection, condition worsens or fever, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/credentials: _____ **Date:** _____ **Time:** _____

Name
(Last, First)

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